

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09 481577

FILING DATE

21/12/00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		/				
2		/		/			52		/				
3		/		/			53		/				
4		/		/			54		/				
5		/		/			55						
6		/		/			56						
7		/		/			57						
8		/	/				58						
9	/		/				59						
10		/	/				60						
11		/	/				61						
12		/	/				62						
13		/	/				63						
14		/	/				64						
15		/	/				65						
16		/	/				66						
17		/	2				67						
18		/	2				68						
19		/	2				69						
20		/	2				70						
21		/	2				71						
22		/	2				72						
23		/	2				73						
24	/		/				74						
25		/	/				75						
26		/	/				76						
27		/	/				77						
28	/		/				78						
29		/	/				79						
30		/	/				80						
31		/	/				81						
32		/	/				82						
33		/	/				83						
34		/	/				84						
35		/	/				85						
36		/	/				86						
37		/	/				87						
38		/	/				88						
39		/	/				89						
40		/	/				90						
41		/	/				91						
42		/	/				92						
43		/	/				93						
44		/	/				94						
45		/	/				95						
46		/	/				96						
47		/	/				97						
48		/	/				98						
49		/	/				99						
50		/	/				100						
TOTAL IND.	4		6				TOTAL IND.	0					
TOTAL DEP.	43		51				TOTAL DEP.	4					
TOTAL CLAIMS	47		57				TOTAL CLAIMS	4					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS